

## Image of the Month

## Small bowel perforation due to non-Hodgkin-lymphoma in a patient with ulcerative colitis and systemic lupus erythematosus

L.A. Bourikas, M. Tzardi, A. Hatzidakis, I.E. Koutroubakis\*

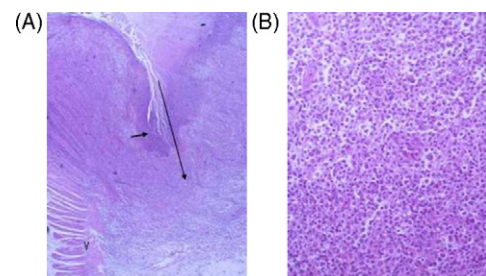
*Department of Gastroenterology, University Hospital of Heraklion, Crete, Greece*

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A 64-year-old woman presented with fever of 38.2 °C, signs of acute abdomen and marked cachexia (BMI 14). She had a history of systemic lupus erythematosus for 20 years, on clinical remission for the last year, and left sided ulcerative colitis for 10 years, on clinical remission for the last 3 years. She had been receiving prednisone 10 mg/day and hydroxychloroquine 200 mg bid for 20 years and she was on low dose (because of poor tolerability) azathioprine treatment (50 mg/day) for the last 5 years. Physical examination revealed abdominal dilatation, infrequent bowel sounds and abdominal tenderness. Plain abdominal X-ray film (Fig. 1) showed small amount of free air under the right hemidiaphragm, several air-fluid levels throughout the small intestine loops, revealing ileus and incidentally, two calcified uterine fibroids at the lower pelvic area.

Surgery was performed immediately. A single ulcerative lymphomatous lesion in the ileus was recognised corresponding to diffuse large-B-cell non-Hodgkin's lymphoma (Fig. 2A) causing massive infiltration (Fig. 2B) of the mucosa and submucosa (short arrow) that resulted in perforation (long arrow,  $\gamma$  = muscle layer). Small bowel perforation as first manifestation or secondary to chemotherapy of non-Hodgkin's lymphoma is extremely rare. Autoimmune diseases and immunosuppression are potential predisposing factors for lymphoma development [1–3]. Glucocorticoid therapy may mask signs of lymphoma delaying its diagnosis. Our case and literature provided data could suggest that increased clinical awareness, despite the overall low risk for possible development of lymphoma, is required in patients with autoimmune diseases on immunomodulatory therapy.



### References

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- [3] Kandiel A, Fraser AG, Korelitz BI, Brensinger C, Lewis JD. Increased risk of lymphoma among inflammatory bowel disease patients treated with azathioprine and 6-mercaptopurine. *Gut* 2005;54:1121–5.

\* Corresponding author at: Department of Gastroenterology, University Hospital Heraklion, P.O. Box 1352, 71110 Heraklion, Crete, Greece. Tel.: +30 2810392687; fax: +30 2810542085.

E-mail address: [ikoutroub@med.uoc.gr](mailto:ikoutroub@med.uoc.gr) (I.E. Koutroubakis).